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MEDICARE FRAUD STRIKE FORCE CASES RESULT IN LONG PRISON TERMS FOR FIVE HEALTH CARE COMPANY OWNERS

WASHINGTON – The owners of five separate Miami-based health care corporations have been sentenced to prison terms today, Assistant Attorney General Alice S. Fisher of the Criminal Division and U.S. Attorney R. Alexander Acosta of the Southern District of Florida announced today. Collectively, the five defendants filed fraudulent claims with Medicare for over \$28.6 million worth of unnecessary durable medical equipment (DME) and infusion therapy.

The five defendants who were sentenced in Miami are: Rodolfo Aenlle, 47, who was sentenced to 84 months in prison; Simon Seruya, 74, who was sentenced to 50 months; Alberto Gourie, 35, who was sentenced to 51 months in prison; William Garcia, 31, who was sentenced to 41 months; and Marina Ruiz, 48, who was sentenced to 24 months in prison. In total, these individuals were ordered to repay more than \$13 million in restitution.

Aenlle, the owner of Direct Nursing Assistance, was sentenced by U.S. District Judge Donald M. Middlebrooks. On Oct. 4, 2007, Aenlle was convicted by a jury following a four-day trial. Evidence presented at trial established that Aenlle's corporation was a fraudulent DME company that had nothing to do with providing health care or nursing services. Yet, during 2001 and 2003, Direct Nursing submitted claims to Medicare of \$2 million and co-conspirator pharmacies billed more than \$205,000. Aenlle and his business partners paid patients cash kickbacks and did not use any of the equipment or medicines that were paid for by Medicare. In total, the co-conspirator pharmacies associated with Aenlle were paid over \$14 million between 2000 and 2003 based on the submission of claims for medically unnecessary "compounded" aerosol medication. Compounding is the process whereby pharmacies make medication in quantities or concentrations that are not available in FDA approved forms. Aenlle entered into an arrangement with several corrupt Miami pharmacies to "compound" medicine based on prescriptions for non-commercially available medications.

Seruya was sentenced by U.S. District Judge Marcia G. Cooke for his involvement in two separate Medicare fraud schemes. Seruya owned and operated Bedat Management, Inc., a fraudulent HIV infusion clinic, and Medical Respiratory Equipment, Inc., a fraudulent DME company. Between 2001 and 2004, Seruya used these two companies to submit over \$15.5 million in fraudulent Medicare claims. Seruya pleaded guilty on Sept. 26, 2007. Seruya operated Bedat as an infusion clinic and paid HIV positive Medicare patients cash kickbacks to

allegedly administer unnecessary medications such as Intravenous Immune Globulin and Intravenous Rho D Immune Globulin.

Gourie was sentenced by U.S. District Judge Patricia A. Seitz. Gourie owned and operated Friends Medical Inc., another fraudulent DME company that had nothing to do with providing health care or necessary medical equipment. Friends Medical submitted claims to Medicare of more than \$5.4 million, between September 2004 and September 2006, for medical equipment largely consisting of unnecessary power wheelchairs and incontinence supplies. Gourie pleaded guilty on Oct. 4, 2007.

Garcia was sentenced to by U.S. District Judge Donald L. Graham. Garcia owned and operated Northwest Medical Equipment Inc., a fraudulent DME company that had nothing to do with providing health care or necessary medical equipment. Between January and December 2006, Northwest Medical submitted claims to Medicare of more than \$4.5 million for medical equipment largely consisting of unnecessary wound care supplies, pressure-reducing mattresses, and oxygen concentrators. Garcia pleaded guilty on Oct. 3, 2007.

Ruiz, the owner of Solair Medical Corp., was sentenced by Chief U.S. District Judge Federico A. Moreno. Ruiz owned and operated Solair Medical Corp., another fraudulent DME company. Solair Medical submitted claims to Medicare of approximately \$980,000 between, June 2006 and March 2007, for medical equipment largely consisting of unnecessary wound care supplies. Ruiz pleaded guilty on Oct. 23, 2007.

“We are continuing to seek appropriate sentences for the most serious Medicare fraud offenders,” said Assistant Attorney General Fisher. “The Strike Force in South Florida has successfully prosecuted some of the most egregious cases of Medicare fraud, and the average prison sentence for these violators is now up to almost 52 months which is above the national average of 31 months, with many Strike Force defendants receiving over 10 years.”

“The Strike Force has become an important part of our arsenal in the fight against Health Care fraud in Miami,” said U.S. Attorney Acosta. “By making a permanent commitment to bring these offenders to justice using real-time investigative and enforcement techniques, we will have an immediate impact on reducing fraud.”

According to data from the Centers for Medicare and Medicaid Services (CMS), Miami-Dade County alone accounted for more paid DME claims than 44 states. Only some of the most populous states in the country including California, Texas, New York, Michigan, and Ohio billed Medicare for more than Miami-Dade County. According to that same data, an average Medicare patient in Miami-Dade County allegedly receives \$6,200 worth of DME every year based on paid amounts; whereas patients throughout the rest of the United States average approximately \$1,200 per year.

The Aenlle and Garcia cases were prosecuted by Deputy Chief Kirk Ogrosky from the Criminal Division’s Fraud Section in Washington, D.C., and Assistant U.S. Attorney Ryan Stumphausen of the Southern District of Florida. The Seruya, Gourie and Ruiz cases were prosecuted by Deputy Chief Ogrosky, and Trial Attorneys John S. Darden and Hank Bond

Walther of the Fraud Section, with the investigative assistance of the U.S. Department of Health and Human Services, Office of Inspector General; the FBI; and the Medicaid Fraud Control Unit from the State of Florida. The cases were each brought as part of the Medicare Fraud Strike Force, supervised by the Fraud Section of the Criminal Division and U.S. Attorney Acosta of the Southern District of Florida. Since March 2007, the strike force has indicted approximately 120 defendants in south Florida. Collectively, these defendants billed the Medicare program for over \$400 million.

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